



State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF STATEWIDE REPORTING AND ACCOUNTING POLICY

M. J. AMIKE® FOSTER, JR.
GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

MESSAGE FROM THE DIRECTOR:

As your entity is eligible to receive payments from the State of Louisiana via EFT (Electronic Funds Transfer), you may elect to receive all payments by check or by EFT. If you elect to receive your payments via EFT, the attached form must be completed and signed by an authorized individual within your organization and your financial institution.

At the time of enrollment, all participants must have an active checking or savings account at a bank that can accept ACH credit files and remittance information electronically. The State will not establish duplicate vendor records to accommodate multiple bank accounts or enroll one-time payment payees. Your entity must agree to all terms on the enrollment form. Upon receipt of the completed enrollment form, entry and activation of your EFT record will take between 5-10 days. After your enrollment has been activated, payments to you will be sent electronically in the normal course of business, unless we are notified otherwise, in writing. **If changes occur that effect your bank or account information after submitting the enrollment form, contact our office immediately through the telephone number or address listed below. Failure to do so will result in lost payments. The State will bear no responsibility for lost or misdirected payments if it is determined that you failed to notify us of changes effecting your bank or account or failed to provide correct information.**

Vendors that elect to receive payments via EFT will not be sent paper remittance advices. This information will be transmitted electronically to the financial institution receiving these funds on your behalf. The remittance information sent electronically will mirror the information currently printed on check stubs. Remittance information includes: Issuing agency name, telephone number, agency number, document number, reference document number, invoice number, comments, and payment amount. This information is provided in a CTX entry in ASCX12 Interchange Control Structures (ANSI ASC X12.5), Application Control Structure (ANSI ASC X12.6) and ANSI ASC X12 transactions containing the 820 Transaction Set (ANSI ASC X12.4). The 820 Transaction Set will contain your remittance information. **Your financial institution must have the ability to receive remittance information electronically and agree to provide that information to you upon request. Ensure that you specifically ask if they can provide you with the information found in the 820 Transaction Set. By signing the attached form, you agree to receive your remittance information through your bank.**

You will be responsible for any fees assessed by your financial institution for this service. Please note that **all payments** issued by the State of Louisiana to the location specified will issue through EFT regardless of the agency requesting payment. Therefore, it is critical that you receive your remittance advices from your financial institution in a user-friendly format. If upon receipt of the remittance information, you

have questions regarding a payment, you should contact the agency whose telephone number is provided. Further, in case of an overpayment you must agree to allow the

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State to withdraw funds electronically from your account. The agency that issued the overpayment must have either documentation from you (i.e., a credit memo) or notified you that an overpayment occurred before the funds can be withdrawn.

If you are interested in enrolling in EFT, call the Office of Statewide Reporting and Accounting Policy (OSRAP) at the number below. For confidentiality reasons, all questions pertaining to completion of the form, your enrollment and manner in which funds are disbursed through EFT should be directed to OSRAP. Therefore, completed forms and a copy of a voided check should be mailed or faxed directly to the address below. **Do not return this form to any agency other than OSRAP.**

Office of Statewide Reporting and Accounting Policy
P. O. Box 94095
Baton Rouge, LA 70804-9095
FAX (225) 342-1053
OSRAP Help Desk (225) 342-1097

COMPLETING THE ENROLLMENT FORM:

You are to complete the unshaded portions of the enrollment form. Please complete the fields of the form with the following information:

Vendor Name - The name of your company or organization as it appears on the bank account referenced.

Vendor Address - The mailing address of your organization to which all payments are sent.

Vendor FEIN/SSN - The Federal Tax Identification Number or Social Security Number of your organization.

ABA NO/CHCK Digit - The 9 digit routing code of the financial institution for the specified savings or checking account to which funds will be deposited. If funds are deposited into your checking account, the routing number usually precedes your checking account number on the bottom of your checks.

Check/Savings Ind - Circle the appropriate letter. "C" denotes the account information provided is for a checking account and "S" denotes a savings account.

Bank Account Number - The bank account to which funds are to be deposited.

Bank ACCT DESCR - A general description of the bank account. For example, "Company XYZ corporate checking account."

Bank Name - The name of the financial institution to which funds will be deposited.

Bank Address - (lines 1 -3) The mailing address of the financial institution to which funds will be deposited.

City/State/Zip - The City/State/Zip for the mailing address listed.

Bank Telephone Number - The telephone number of the branch or bank office to contact for assistance with transmission problem resolution.

Preparer's Signature - The signature of the individual completing this form.

Print Name - print or type the name of the individual completing this form.

Title - The title of the individual completing this form.

Date - The date that this portion of the form is completed.

Phone Number - The telephone number of the individual completing the form.

NOTE: Please include a copy of a voided check as verification of account information. A representative from your financial institution must complete and sign the shaded area at the end of the form.

ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM		Please print or type. Complete information blocks in the unshaded areas only.	
Vendor Code: _____		Vendor Name: _____	
Vendor Address: _____ _____		Vendor FEIN/SSN: _____	
ABA NO/CHCK Digit: _____	Circle C for Checking or S for Savings Check/Savings Ind: C or S	Bank Account Number: _____	
Bank ACCT DESCR: _____			
Bank Name: _____		Bank Address: _____	
Bank Address: _____		Bank Address: _____	
City: _____ State: __ ZIP _____		Bank Telephone Number: (____) ____ - ____ Ext _____	

By completing the information listed above, I hereby authorize the State of Louisiana, Division of Administration and their designees (**State**) to initiate ACH credit entries to the financial institution account listed as requested by the individual or organization above (Vendor) for payment of goods and services received or to withdraw overpayments owed to the **State** when the **State** determines that such collection is in the best interest of the **State**. I further authorize the State to withdraw funds from my account in the event that a check issued by the vendor listed above is returned for insufficient or uncollected funds to the State. This authorization is to remain in full effect until such time as the **State** is notified in writing by the vendor. This notification must include such time and be in such a manner as to afford reasonable time for the **State** to act on it. I certify that I am authorized to complete the information listed above in the unshaded areas on behalf of the individual or organization named above and resolve issues related to enrollment. The information presented above is true and correct for the individual or organization named above. I understand that by utilizing the State's EFT payment process, I will no longer receive remittance advices from the State of Louisiana for payments issued. I am instead to contact my financial institution for remittance information and I am utilizing a financial institution which has the capability to receive such information. I am solely responsible for any fees assessed by my financial institution for their services. The **State** reserves the right to issue a check for payment when the situation warrants. **I agree to notify the State of changes to the information listed on this form immediately. Failure to provide the State with correct information or failure to notify the State of changes to bank and/or account information will result in the Vendor bearing sole liability for lost and/or misdirected payments.**

Preparer's Signature:		Print Name:			
Title:		Date:	__/__/__	Phone #:	(____)____-____ ext ____
FINANCIAL INSTITUTION: I confirm that the routing and account information listed above is correct and our financial institution has the ability to receive ACH credit files and remittance information electronically.					
Name:		Date:		Title:	
				Phone #:	